



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

Division of Nursing Services Preauthorization Process

A. New requests for Nursing Services/Private Duty Nursing (PDN)

1. The agency/discharge planner emails the request to the attention of the **assigned reviewer (see attached)**.
2. The agency/discharge planner contacts DONS to verify receipt of the emailed request.
3. The DONS nurse assigned to the referral emails/contacts the agency/discharge planner to confirm the records needed for review. **(See page 5 for documentation checklist)**
4. Once a decision is made the DONS nurse notifies the agency/discharge planner of the decision.
5. The agency emails the preauthorization form to the DONS **only** after they receive email notification of a decision.
6. The agency must email the completed preauthorization form to the DONS nurse reviewer who approved the request within **3 business days** of the date of email notification.

The hospital's discharge planner will complete **Steps 1-4** when the patient has never required Medicaid nursing services or has been hospitalized for over 72 hours. **(See "Hospitalizations" below.)**

- ❖ **NOTE: For new requests when the participant is hospitalized, notify DONS at least 3 business days prior to discharge to ensure timely processing of the request.**

B. Hospitalizations

If there is an existing preauthorization, it will remain in effect unless the participant is hospitalized for more than 72 hours. *The current plan of care is maintained upon discharge unless the participant makes a new request and it is approved by the DONS or if the participant has a lengthy hospitalization (over 60 days), please notify the DONS.*

If the participant is hospitalized for more than 72 hours, the agency:

1. Ends the preauthorization on the date of admission
2. When the participant is ready for discharge the hospital discharge planner will contact the assigned reviewer at 410-767-1448 and email updated medical

information; allow 3 business days for a decision when requesting additional hours. **(See page 4 for documentation checklist)**

3. Once the medical information is reviewed, the assigned DONS reviewer will notify the agency/discharge planner with the nursing hours that are approved.
4. The agency sends the preauthorization request form to the assigned reviewer **within 3 business days of approval notification.**

C. Requests for additional nursing hours

1. The Case Manager will email notification of the request to the assigned reviewer to initiate the process. **(See page 5 for documentation checklist)**
2. The assigned DONS reviewer will contact the agency to confirm that the request is received and notify the agency once a decision is made.
3. If additional nursing hours are approved, the agency will email the preauthorization with the new authorized plan of care to the assigned DONS reviewer **within 3 business days of approval notification.**

In the case of an emergency, in the absence of the assigned reviewer, requests may be sent to the Division Chief or the Chief's designee.

D. Transfer Cases (Change of Agency-COA)

1. The NEW agency emails the change of agency and PA Intake forms (see pages 7 & 8) to the **assigned MDH staff (Crystal Hutchinson)**.
2. MDH staff will email both agencies to confirm the start date and notify the existing agency. Please allow at least 3 business days.
3. ***If the existing agency does not send the preauthorization form to adjust the units, future claims may be denied.***

E. Routine Preauthorization Requests (Renewals)

1. The agency emails all **preauthorization renewal requests** to Laurence Phillip **30 days prior to the start date of the authorization period.**
 2. The nursing agency is responsible for tracking email submissions and confirming that the email was successfully transmitted to DONS from the agency.
 3. Place the following information in the email: **name of participant, MA#, dates of preauthorization request.**
- ❖ **Please email multiple routine requests in one email rather than individually.**

F. Obtaining Preauthorization Numbers

If the nursing agency has not received the preauthorization number by 3 business days AFTER the start of the preauthorization period, the agency may email a request for the preauthorization number with the following information in the email: **name of the PARTICIPANT, MA#, start date of the authorization.**

- ❖ **NOTE: Please do not call DONS to request preauthorization numbers unless you have not received a response after following the above procedure.**

Procedure for obtaining preauthorization when DONS has not received the original preauthorization request

1. If the preauthorization period has not started, resend the preauthorization request.
2. If the preauthorization period has started, resend the preauthorization request with the documentation verifying that the email was successfully transmitted to DONS.
3. If the agency cannot provide verification that the preauthorization was successfully transmitted to DONS, the preauthorization request may be denied and a new preauthorization start date will be given.

H. Primary Insurance

Medical Assistance is the payer of last resort. In general, the primary insurance must be exhausted before nursing services are authorized. Please submit the authorization/denial letter from the primary insurance when submitting a request for PDN.

I. Short term authorization

The DONS may approve a short term authorization under the following circumstances:

- When the caregiver provides documentation of emergency circumstances, additional nursing services may be approved up to 60 days.
- When the medical information is insufficient to determine medical necessity, the DONS may preauthorize nursing on a short term basis

J. Factors that may delay a preauthorization request:

- **Eligibility of the participant**
- **Incorrect information on the preauthorization form**
- **Authorization requests received after the start date of the authorization period**
- **Sending the information to the incorrect reviewer/DONS staff**
- **Missing information or lack of documentation**

NOTE:

- The nursing agency is responsible for ensuring that the nursing hours that are approved are used as authorized. For example, if the authorization covers a caregiver work or school schedule, then the agency is responsible for ensuring that the participant understands that the agency can only staff the case during the work or school hours. It is the responsibility of the agency to obtain the schedule from the caregiver, particularly if global hours have been approved to cover the work or school schedule.
 - The agency must notify DONS and the case manager when there are changes in the work or school schedule so that modifications can be made in the authorization.

❖ **Note: All preauthorization approvals are for 60 days unless otherwise specified.**

❖ **NOTE: Nursing services provided prior to requesting and receiving preauthorization are not covered and therefore not reimbursed under the Medical Assistance Program.**

Documentation Checklist

(Please forward this checklist with all new requests, changes in plan of care or requests for additional hours)

Attention:

Email:

(See list of DONS Nurse Reviewers (page 6))

Upon discharge from a hospital/new case:

- Current history and physical from the hospital discharge planner, agency, or physician's office;
- Discharge summary and hospital records/progress notes;
- Also, confirms training of primary caregiver and obtains the name of a trained back-up caregiver (if no back-up caregiver, refer to CM for follow up);
- Most recent (1-2 months) PCP or Specialists' office notes may be requested for those PARTICIPANTs with little or no PDN history;
- REM PDN assessment (if applicable) and
- Additional Information, if applicable. (See next column)

Request for additional hours/change in POC:

- Most recent Physician's Orders and Plans of Care;
- Nursing Notes;
- RN Supervisory Notes;
- MARS and Treatment Records;
- A letter from the caregiver's employer/school verifying work/school schedule on letterhead*** (if requesting covered hours for work/school) to include date and signature of supervisor or designee; and
- Additional information, if applicable.

Comments:

Division of Nursing Services (DONS) Nurse Reviewers

	Last Names of Recipients	Nurse Reviewer	Email Address
REM/FFS 19 and under	A-N	Mary DeGrazia, RN	Mary.degrezia@maryland.gov
REM/FFS 19 and under	O-Z	Myrna Pimentel, RN	Myrna.pimentel@maryland.gov
Model Waiver	A-Z	Shelly P. Moore, RN	Shellyp.moore@maryland.gov
REM Optional (age 20 and Over)	A-Z	Tamara McDuffie, RN	Tamara.mcduffie@maryland.gov
Compliance and Provider Enrollment		Solomon Agbor, RN	Solomon.agbor@maryland.gov

*****For vacant or absent nurse reviewers, please forward requests to dawnn.williams@maryland.gov AND mdh.pdnpreauthorization@maryland.gov.**



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**DIVISION OF NURSING SERVICES (DONS)
CHANGE OF AGENCY FORM**

RE: Medicaid Provider Selection
PARTICIPANT Name:
PARTICIPANT MA#:

To the Maryland Medicaid Program:

As the parent/guardian/primary caretaker of _____
(Participant's Name)

I am exercising my right of freedom of choice in the selection of a Medicaid Nursing Agency
provider. I am therefore, electing to have _____
(Provider Name)

render services to _____ effective _____.
(Participant's Name) (Date)

(Signature of parent/guardian/caretaker)

(Date)

Note: Please email the completed form to the Division of Nursing Services at mdh.pdnpreauthorization@maryland.gov. Please allow at least 3 business days for processing.



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DIVISION OF NURSING SERVICES (DONS)
 PDN PREAUTHORIZATION INTAKE SHEET
PA INTAKE FORM

DATE:	
TIME:	

CALLER NAME:		PHONE:	
PROVIDER:		PROVIDER NO:	
PARTICIPANT NAME:		MA. NO:	
PHYSICIAN NAME:		PHYSICIAN NO:	
PRSRB PROV. NO:		PA:	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL
DATES OF SERVICE	FROM:	THRU:	
PARTICIPANT:	<input type="checkbox"/> MW <input type="checkbox"/> REM <input type="checkbox"/> FFS <input type="checkbox"/> HH		
PROCEDURE CODE:		UNITS:	
NO. DAYS:		MAX PER DAY:	
COMMENTS: PLAN OF CARE	<hr/> <hr/> <hr/> <hr/>		
TO BE COMPLETED BY DONS STAFF			
STATUS:			
RSN:			
MMIS ENTRY:			
PA#:			

